

ICD-10-CM Update
From the ICD-9-CM Coordination and Maintenance Meeting, November 2, 1999

The entire draft of the Tabular List of ICD-10-CM, and the preliminary crosswalk between ICD-9-CM and ICD-10-CM were made available on the NCHS website for public comment. All comments received during the comment period, which began December 1997 and ended February 1998, were requested to be in writing. The 60 day open comment period for the draft ICD-10-CM has concluded and the draft version of the ICD-10-CM has been removed from the NCHS homepage.

Over 1,200 comments were received from 22 individuals and organizations representing a variety of groups including: one governmental agency; two research institutions, three information system developers; four professional organizations, and several health care providers.

The Center for Health Policy Studies (CHPS), under contract with NCHS, began the process of compiling, reviewing, and analyzing the public comments received. Comments were classified, and a matrix was constructed to identify the source of the comment, chapter(s) of the classification addressed, nature of comment, analysis, and recommendation for disposition of the comment based on the analysis.

The nature of these comments ranged from general observations (both favorable and critical) to very specific and detailed analyses. Comments included requests for changes in both terminology and code structure.

The following categorizations were developed by the contractor to classify their recommendations regarding the disposition of the commenters' issues:

Implement as stated;

Comments deemed by the contractor as meriting direct incorporation into ICD-10-CM

No further action required or No need for further response;

Typically phrased as a question (e.g., "Where are degenerative tear of rotator cuff and impingement syndrome coded?") or as a statement (e.g., "The addition of the word intrinsic to the code title for D68.3 and the excludes note for drug induced hemorrhage disorder will help to resolve the misuse of this code that has occurred with the corresponding code in ICD-9-CM").

Recommend adding to appendix;

Typically phrased as a request for definitions (for example, the request for a definition of external constriction pertaining to injury codes since external constriction is a concept that does not appear in ICD-9-CM).

Recommend as stated;

Comments deemed as meriting incorporation but several alternatives could be used to address substance of comment.

Reject as stated;

Requests for changes to coding structure that are not consistent with ICD-10 or represented misperceptions of the commenters.

Requires further study;

Examination of comment was determined to merit a change to ICD-10-CM, but several alternatives could be used to address the substance of the comment. Typically describes issues that require further review to determine exactly where specific changes will need to be made.

Of the comments received, the contractor recommended that: 238 either required no response or necessitated no further action; 180 comments were viewed by CHPS reviewers as meriting the direct incorporation into ICD-10-CM of a revision as stated by the person or group submitting the comment; 77 comments were deemed to have merit but would require further study for the possibility of inclusion in ICD-10-CM; and 480 comments categorized as "Reject as Stated". A summary of the comments by recommended disposition appears in Table 1.

Upon the completion of the review of the final report of the public comments NCHS will determine which comments will be incorporated into ICD-10-CM and make changes to the Tabular List. Once this task is completed NCHS will undertake the following tasks: revise the alphabetic index; develop/revise all appropriate crosswalks; update the Table of Drugs and Chemicals; update the Table of Neoplasms; develop a revised Alphabetic Index to the External Causes of Injury; and develop training manuals for experienced and new coders with a pretest of the manuals. This work is to be completed under contract.

All of the comments received are being reviewed. It is anticipated that the final version of the tabular portion of the ICD-10-CM will be posted on the NCHS homepage in late 1999. Until that time the ICD-10-CM is not available for distribution or review.

There is not yet an anticipated implementation date for the ICD-10-CM. Implementation will be based on the HIPAA process. There will be a 2 year implementation window once the final notice to implement has been published in the Federal Register. The ICD-10 has been implemented for mortality coding effective January 1, 1999.

For information about ICD-9-CM and ICD-10-CM, see the Classification of Diseases web page: <http://www.cdc.gov/nchswww/about/otheract/icd9/icd9hp2.htm>

Table 1
Recommended Disposition by Chapter

Recommended Disposition by Chapter						
Chapter	Implement as Stated	No Further Action Required	Recommend as Stated	Recommend Further Study	Reject As Stated	Total
General		12	2	6		24
Chapter 1	3	1	6	1	5	16
Chapter 2	9	7	5		12	33
Chapter 3	5	4	4	3	2	18
Chapter 4	9	3	3	13	47	75
Chapter 5		3	2	1	2	8
Chapter 6	2	4	7		1	14
Chapter 7	18	4	7	4	5	38
Chapter 8		1	3	2	2	8
Chapter 9	14	17	17	6	18	72
Chapter 10	24	11	24	4	16	79
Chapter 11	8	6	10	1	1	26
Chapter 12	4	5	4		2	15
Chapter 13	1	30	8	4	22	65
Chapter 14	6	7	8	2	5	28
Chapter 15	10	8	3	1	9	31
Chapter 16	1	1	6		1	9
Chapter 17	5	2	3	1	4	15
Chapter 18	2	4	3	1	2	12
Chapter 19	21	64	44	19	287	435
Chapter 20	23	26	78	7	24	158
Chapter 21	15	18	21	1	9	64
Total	180	238	268	77	480	1243